

United States Bankruptcy Court Eastern District of Wisconsin				Voluntary Petition																					
Name of Debtor (if individual, enter Last, First, Middle): Vander Leest, David A.			Name of Joint Debtor (Spouse) (Last, First, Middle): Vander Leest, Rachel J.																						
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): AKA Rachel J. Cash																						
Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all): xxx-xx-5356			Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all): xxx-xx-1865																						
Street Address of Debtor (No. and Street, City, and State): 919 Elmore Street Green Bay, WI			Street Address of Joint Debtor (No. and Street, City, and State): 919 Elmore Street Green Bay, WI																						
ZIP Code 54303			ZIP Code 54303																						
County of Residence or of the Principal Place of Business: Brown			County of Residence or of the Principal Place of Business: Brown																						
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																						
ZIP Code			ZIP Code																						
Location of Principal Assets of Business Debtor (if different from street address above):																									
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																					
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2 million. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																						
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				THIS SPACE IS FOR COURT USE ONLY																					
Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1000-5,000</td> <td>5001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>100,001-100,000</td> <td>OVER 100,000</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						1-49	50-99	100-199	200-999	1000-5,000	5001-10,000	10,001-25,000	25,001-50,000	100,001-100,000	OVER 100,000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999			1000-5,000	5001-10,000	10,001-25,000	25,001-50,000	100,001-100,000	OVER 100,000														
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Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$10,000</td> <td><input type="checkbox"/> \$10,001 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$100 million</td> <td><input type="checkbox"/> More than \$100 million</td> </tr> </table>				<input type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$10,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																	
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Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Vander Leest, David A.**Vander Leest, Rachel J.****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Timothy P. Dewane**October 10, 2006**

Signature of Attorney for Debtor(s)

(Date)

Timothy P. Dewane**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Statement by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐
- Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Vander Leest, David A.**Vander Leest, Rachel J.****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ David A. Vander Leest
Signature of Debtor **David A. Vander Leest**

X /s/ Rachel J. Vander Leest
Signature of Joint Debtor **Rachel J. Vander Leest**

Telephone Number (If not represented by attorney)

October 10, 2006

Date

Signature of Attorney

X /s/ Timothy P. Dewane
Signature of Attorney for Debtor(s)

Timothy P. Dewane 1030349
Printed Name of Attorney for Debtor(s)

Dewane Law Offices, LLP
Firm Name

927 South 8th Street
PO Box 1507
Manitowoc, WI 54221-1507

Address

Email: info@dewanelaw.com
(920) 682-7732 Fax: (920) 682-3384

Telephone Number

October 10, 2006

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

United States Bankruptcy Court
Eastern District of Wisconsin

In re David A. Vander Leest
Rachel J. Vander Leest

Debtor(s)

Case No. _____
Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ David A. Vander Leest
 David A. Vander Leest

Date: October 10, 2006

United States Bankruptcy Court
Eastern District of Wisconsin

In re David A. Vander Leest
Rachel J. Vander Leest

Debtor(s)

Case No. _____
Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

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☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Rachel J. Vander Leest
Rachel J. Vander Leest

Date: October 10, 2006

United States Bankruptcy Court
Eastern District of Wisconsin

In re **David A. Vander Leest,**
Rachel J. Vander Leest

Debtors

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	90,000.00		
B - Personal Property	Yes	4	28,341.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		133,400.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	26		158,273.98	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			2,534.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,969.00
Total Number of Sheets of ALL Schedules		40			
Total Assets			118,341.00		
Total Liabilities				291,673.98	

United States Bankruptcy Court
Eastern District of Wisconsin

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Debtors

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 16)	2,534.00
Average Expenses (from Schedule J, Line 18)	2,969.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	1,403.44

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		34,900.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		158,273.98
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		193,173.98

In re **David A. Vander Leest,
Rachel J. Vander Leest**
Case No. _____

Debtors

SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
919 Elmore Street Green Bay, WI 54303	Fee simple	C	90,000.00	123,800.00

Sub-Total > **90,000.00** (Total of this page)

Total > **90,000.00**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		cash	C	400.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account at Associated Bank (overdrawn)	C	0.00
		Business Checking at Associated Bank (overdrawn)	C	0.00
		Checking account at PCM Credit Union	C	40.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		3 tvs (\$200); 2 vcr (\$30); dvd (\$10); stereo (\$50); computer (\$400); refrigerator (\$100); stove (\$100); washer/dryer (\$300); microwave (\$10); bedroom furniture (\$200); child's bedroom furniture (\$100); living room furniture (\$250); shelving (\$200); lawn mower (\$50); patio furniture (\$150)	C	2,150.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		cds/ videos/cvds	C	100.00
6. Wearing apparel.		clothes	C	200.00
7. Furs and jewelry.		misc. jewelry	C	100.00
8. Firearms and sports, photographic, and other hobby equipment.		misc. tools	C	50.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		term life	C	0.00
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **3,040.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) through Fidelity	C	200.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		100% ownership of Vander Leest Enterprises, Inc. (negative value)	C	0.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.		2005 tax refund received and spent prior to filing	C	0.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.		loan to Vander Leest Enterprises, Inc.	C	3,200.00
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		potential medical malpractice claim	C	Unknown
		Potential claim against First Franklin mortgage	C	Unknown
		Potential claim against City of Green Bay	C	12,000.00

Sub-Total > **15,400.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1996 Cadillac Sedan de Ville - blown head gasket - FMV = \$3,000.00	C	8,500.00
		1998 Ford F250 - 2wd, short cab, long bed - FMV = \$5,500.00		
		1986 Chevy Celebriy	C	200.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.		business equipment	C	1,200.00
30. Inventory.	X			
31. Animals.		cat	C	1.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

Sub-Total > **9,901.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **0.00**

(Total of this page)

Total > **28,341.00**

(Report also on Summary of Schedules)

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE C. PROPERTY CLAIMED AS EXEMPTDebtor elects the exemptions to which debtor is entitled under:
(Check one box)☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds
\$125,000.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Cash on Hand</u>			
cash	11 U.S.C. § 522(d)(5)	400.00	400.00
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Checking account at PCM Credit Union	11 U.S.C. § 522(d)(5)	40.00	40.00
<u>Household Goods and Furnishings</u>			
3 tvs (\$200); 2 vcr (\$30); dvd (\$10); stereo (\$50); computer (\$400); refrigerator (\$100); stove (\$100); washer/dryer (\$300); microwave (\$10); bedroom furniture (\$200); child's bedroom furniture (\$100); living room furniture (\$250); shelving (\$200); lawn mower (\$50); patio furniture (\$150)	11 U.S.C. § 522(d)(3)	2,150.00	2,150.00
<u>Books, Pictures and Other Art Objects; Collectibles</u>			
cds/ videos/cvds	11 U.S.C. § 522(d)(5)	100.00	100.00
<u>Wearing Apparel</u>			
clothes	11 U.S.C. § 522(d)(5)	200.00	200.00
<u>Furs and Jewelry</u>			
misc. jewelry	11 U.S.C. § 522(d)(4)	100.00	100.00
<u>Firearms and Sports, Photographic and Other Hobby Equipment</u>			
misc. tools	11 U.S.C. § 522(d)(5)	50.00	50.00
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u>			
401(k) through Fidelity	11 U.S.C. § 522(d)(10)(E)	200.00	200.00
<u>Stock and Interests in Businesses</u>			
100% ownership of Vander Leest Enterprises, Inc. (negative value)	11 U.S.C. § 522(d)(5)	0.00	0.00
<u>Contingent and Non-contingent Interests in Estate of a Decedent</u>			
loan to Vander Leest Enterprises, Inc.	11 U.S.C. § 522(d)(5)	3,200.00	3,200.00
<u>Other Contingent and Unliquidated Claims of Every Nature</u>			
potential medical malpractice claim	11 U.S.C. § 522(d)(11)(D)	36,900.00	Unknown
Potential claim against First Franklin mortgage	11 U.S.C. § 522(d)(5)	0.00	Unknown
Potential claim against City of Green Bay	11 U.S.C. § 522(d)(5)	16,459.00	12,000.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
1986 Chevy Celebrity	11 U.S.C. § 522(d)(2)	200.00	200.00
<u>Machinery, Fixtures, Equipment and Supplies Used in Business</u>			
business equipment	11 U.S.C. § 522(d)(6)	1,200.00	1,200.00

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE C. PROPERTY CLAIMED AS EXEMPT
(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Animals</u> cat	11 U.S.C. § 522(d)(5)	1.00	1.00

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY	
		H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN						
Account No. 0999 02884116	C		2004 Purchase Money Security 1996 Cadillac Sedan de Ville - blown head gasket - FMV = \$3,000.00 1998 Ford F250 - 2wd, short cab, long bed - FMV = \$5,500.00				9,600.00	1,100.00	
Value \$									8,500.00
Account No.	C		2005 property taxes 919 Elmore Street Green Bay, WI 54303				1,800.00	1,800.00	
Value \$									90,000.00
Account No.	C		Mortgage 919 Elmore Street Green Bay, WI 54303				122,000.00	32,000.00	
Value \$									90,000.00
Account No.									
Value \$									
Subtotal (Total of this page)							133,400.00	34,900.00	
Total (Report on Summary of Schedules)							133,400.00	34,900.00	

0 continuation sheets attached

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trust or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. D1155232N1 Account Recovery Service 3031 N. 114th St. Milwaukee, WI 53222-4208		C	2005 Collection account			2,261.00
Account No. 01169881361 American Family Insurance c/o Credit Collection Services Two Wells Avenue, Dept. AMFAM Newton, MA 02459		C	2006 Collection account			118.56
Account No. 198121A Americollect, Inc. 814 South 8th Street P.O. Box 1566 Manitowoc, WI 54221-1566		C	2005 Collection account			135.00
Account No. 16208172 Arrow Financial Services 5996 West Touhy Avenue Niles, IL 60714-4610		C	2002 Collection account			228.00
Subtotal (Total of this page)						2,742.56

25 continuation sheets attached

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 06CV1517 Associated Bank c/o Jeffrey S. Scuster 633 W. Wisconsin Ave., #1800 Milwaukee, WI 53203-1918	C	2006 signature loan				30,000.00
Account No. 2220544148 Associated Bank-Forced Closed Accounts PO Box 19097 Green Bay, WI 54307-9757	C	2006 Negative account balance				1,835.08
Account No. 5620743 Attention LLC PO Box 2348 Sherman, TX 75091-2348	C	2002 Collection account -medical				927.00
Account No. 4485351 Attention LLC PO Box 2348 Sherman, TX 75091-2348	C	2002 Collection account				159.00
Account No. 5784402 Attention LLC PO Box 2348 Sherman, TX 75091-2348	C	2002 Collection account				100.00
Sheet no. <u>1</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				33,021.08

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4078784 Attention LLC PO Box 2348 Sherman, TX 75091-2348	C	2001 Collection account				100.00
Account No. 5651884 Attention LLC PO Box 2348 Sherman, TX 75091-2348	C	2002 Collection account				100.00
Account No. 4232683 Attention LLC PO Box 2348 Sherman, TX 75091-2348	C	2001 Collection account				100.00
Account No. 5543997 Attention LLC PO Box 2348 Sherman, TX 75091-2348	C	2002 Collection account				100.00
Account No. 700071981 Aurora Baycare Medical Center P.O. Box 8920 Green Bay, WI 54308-8920	C	2005 Medical Bill				391.25
Sheet no. <u>2</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				791.25

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 887000719794217	C	2005 Collection account				114.25
Aurora Healthcare 88 c/o NCO Financial Systems, Inc. PO Box 13570 Philadelphia, PA 19101-3570						
Account No. 887000719794277	C	2005 Collection account				201.75
Aurora Healthcare 88 c/o NCO Financial Systems, Inc. PO Box 13570 Philadelphia, PA 19101-3570						
Account No. 887000719794196	C	2005 Collection account				25.00
Aurora Healthcare 88 c/o NCO Financial Systems, Inc. PO Box 13570 Philadelphia, PA 19101-3570						
Account No. 887000719795024	C	2005 Collection account				391.25
Aurora Healthcare 88 c/o NCO Financial Systems, Inc. PO Box 13570 Philadelphia, PA 19101-3570						
Account No. 887000705054261	C	2005 Collection account				2,275.00
Aurora Healthcare 88 c/o NCO Financial Systems, Inc. PO Box 13570 Philadelphia, PA 19101-3570						
Sheet no. 3 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	Subtotal (Total of this page)					3,007.25

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 887000705054027 Aurora Healthcare 88 c/o NCO Financial Systems, Inc. PO Box 13570 Philadelphia, PA 19101-3570	C	2005 Collection account				513.42
Account No. 887000705054267 Aurora Healthcare 88 c/o NCO Financial Systems, Inc. PO Box 13570 Philadelphia, PA 19101-3570	C	2005 Collection account				1,745.50
Account No. 10517670 Aurora Medical Group PO Box 341457 Milwaukee, WI 53234-1457	C	2005 Medical bill				2,954.70
Account No. 441813565 Baby's First Book Club c/o Eastern Collection Corporation 1626 Locust Avenue Bohemia, NY 11716-2160	C	2005 Subscription				67.88
Account No. 587003 Baycare Radiology c/o Certified Recovery, Inc. PO Box 808 Eau Claire, WI 54702	C	2006 Collection account				261.00
Sheet no. 4 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				5,542.50

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 587004 Baycare Radiology c/o Certified Recovery, Inc. PO Box 808 Eau Claire, WI 54702	C	2006 Collection account				295.00
Account No. 587005 Baycare Radiology c/o Certified Recovery, Inc. PO Box 808 Eau Claire, WI 54702	C	2006 Collection account				272.00
Account No. 10517670 Baywest OBGYN c/o Account Recovery Service 3031 North 114th Street Milwaukee, WI 53222	C	2005 Collection account				668.00
Account No. 067489591 Beginning Readers Program c/o North Shore Agency, Inc. PO Box 6014 Jefferson City, MO 65102-6014	C	2005 Collection account				167.43
Account No. V0010778161 Bellin Health c/o Finance Systems of Green Bay P.O. Box 1597 Green Bay, WI 54305	C	2005 Medical Bill				50.00
Sheet no. 5 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				1,452.43

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. V0010795085 Bellin Health c/o Finance Systems of Green Bay P.O. Box 1597 Green Bay, WI 54305	C	2005 Medical Bill				968.12
Account No. V0010786805 Bellin Health P.O. Box 23400 Green Bay, WI 54305	C	2005 Medical Bill				1,950.03
Account No. 1162180 Bellin Hospital c/o Capital Credit Service PO Box 6545 Madison, WI 53716-0545	C	2005 Medical bill				3,684.32
Account No. B63609 Bellin Medical Group c/o Finance System of Green Bay P.O. Box 1597 Green Bay, WI 54305	C	2005 Collection account				207.00
Account No. B0000053601 Bellin Provider Billing P.O. Box 22487 Green Bay, WI 54305-2487	C	2005 Medical bill				321.00
Sheet no. 6 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				7,130.47

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. B000063609 Bellin Provider Billing P.O. Box 22487 Green Bay, WI 54305-2487	C	2005 Medical bill				417.50
Account No. 05 8737 8977 Birds & Blooms PO Box 992 Greendale, WI 53129-0992	C	2006 Subscription				13.00
Account No. 5178-0524-6085-7069 Capital One Bank PO Box 70884 Charlotte, NC 28272-0884	C	2006 Micellaneous purchases				752.94
Account No. 27721201 CBS National Collection	C	2003 Collection account				111.00
Account No. 271562587004 Certified Recovery P.O. Box 815 Eau Claire, WI 54702	C	2005 Collection account				295.00
Sheet no. <u>7</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				1,589.44

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 271562587005 Certified Recovery P.O. Box 815 Eau Claire, WI 54702	C	2005 Collection account				272.00
Account No. 271562587003 Certified Recovery P.O. Box 815 Eau Claire, WI 54702	C	2005 Collection account				261.00
Account No. 271562587006 Certified Recovery P.O. Box 815 Eau Claire, WI 54702	C	2005 Collection account				260.00
Account No. 5491-0405-2042-0424 Chase Manhattan Bank c/o First Financial Asset Management Inc PO Box 6887 Miramar Beach, FL 32550	C	2005 Collection account				8,411.80
Account No. 8506373723 Chase Manhattan Bank c/o Midland Credit Management 4302 E. Broadway Phoenix, AZ 85040	C	2003 Collection account				8,310.00
Sheet no. 8 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				17,514.80

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 32317-0000051148 City of De Pere c/o Transworld Systems Inc. 2675 North Mayfair Road #504 Milwaukee, WI 53226	C	2006 Collection account				630.00
Account No. 5123 City of De Pere Ambulance Svc. 400 Lewis Street De Pere, WI 54115	C	2005 Medical bill				786.09
Account No. 86-112024950 Clifford J. Opatken, M.D, S.C. 7665 Paysphere Circle Chicago, IL 60674	C	2005 Medical/Collection account				1,165.00
Account No. 14620314 Collect Asso.	C	2002 Collection account				77.00
Account No. 57260088 Collections Unlimited, Inc. P.O. Box 588 Waukesha, WI 53187-0588	C	2005 Collection account-medical				2,580.00
Sheet no. <u>9</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				5,238.09

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 57260087 Collections Unlimited, Inc. P.O. Box 947 Waukesha, WI 53187	C	2005 Collection account				399.00
Account No. 57268058 Collections Unlimited, Inc. P.O. Box 947 Waukesha, WI 53187	C	2005 Collection account				90.00
Account No. 6011-0076-7022-7080 Colonial Credit Corp/Discover Bank c/o Wolpoff & Abramson, LLP Two Irvington Centre 702 King Farm Blvd. Rockville, MD 20850-5775	C	2005 Collection account				8,787.27
Account No. 258388 Colonial Credit Corporation c/o Rausch, Sturm, Israel & Hornik, SC 2448 S. 102nd Street, Suite 210 PO Box 270288 Milwaukee, WI 53227	C	2006 Collection account				8,787.27
Account No. 3706552 Consumer Collection Management P.O. Box 1839 Maryland Heights, MO 63043	C	2005 Collection account				413.00
Sheet no. 10 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				18,476.54

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 04-01-10725033 CT Imaging, LLC c/o AMO Recoveries 6737 W. Washington St. Suite 3118 Milwaukee, WI 53214	C	2004-2005 Medical bill				399.44
Account No. 04-01-10786805 CT Imaging, LLC P.O. Box 33164 Green Bay, WI 54303	C	2005 Medical bill				2,580.00
Account No. 10517670 Deckner Medical Center c/o Account Recovery Service 3031 North 114th Street Milwaukee, WI 53222	C	2005 Collection account				25.00
Account No. 287589355 eBay, Inc. c/o I.C. Systems, Inc. 725 John Nolen Drive Madison, WI 53713	C	2006 Collection account				63.57
Account No. 06062140635514 Express Convenience Centers 28 c/o TRS Recovery Services, Inc. PO Box 60012 City Of Industry, CA 91716-0012	C	2006 Collection account				36.68
Sheet no. 11 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				3,104.69

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. V0010568059 Finance System of Green Bay, Inc. 301 N. Jackson St. P.O. Box 1597 Green Bay, WI 54305	C	2005 Collection account-medical				3,654.00
Account No. 51148B Finance System of Green Bay, Inc. 301 N. Jackson St. P.O. Box 1597 Green Bay, WI 54305	C	2006 Collection account				630.00
Account No. B63609 Finance System of Green Bay, Inc. 301 N. Jackson St. P.O. Box 1597 Green Bay, WI 54305	C	2006 Collection account				207.00
Account No. B53601 Finance System of Green Bay, Inc. 301 N. Jackson St. P.O. Box 1597 Green Bay, WI 54305	C	2006 Collection account				113.00
Account No. 430550005625 Fleet Credit Card Services P.O. Box 17192 Wilmington, DE 19850-7192	C	2001 Miscellaneous Purchases				7,353.00
Sheet no. 12 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				11,957.00

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 198121A Fox River Health Center SC c/o Americollect, Inc. PO Box 1566 Manitowoc, WI 54221-1566	C	2005 Collection account				137.18
Account No. 17-3726012 Green Bay Emergency Physicians c/o State Collection Service Inc. PO Box 6250 Madison, WI 53716-0250	C	2005 Medical Bill				1,128.00
Account No. 071594 Green Bay Radiology, SC GBR Sheboygan, LLC 2941 S. Ridge Road Green Bay, WI 54304-5517	C	2005 Medical bill				517.00
Account No. 889358 Gulf Coast Collection	C	2002 Collection account				210.00
Account No. 1211949 Gulf Coast Collection	C	2003 Collection account				161.00
Sheet no. 13 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				2,153.18

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 8501560166 Household c/o Midland Credit Management 5775 Roscoe Court San Diego, CA 92123-1356	C	2002 Collection account				3,621.00
Account No. 2989147 Jon Barry	C	2002 Medical bill				902.00
Account No. 74268285 K-Mart c/o Audit Systems Inc. PO Box 17229 Clearwater, FL 33762	C	2006 Collection account				45.66
Account No. 223710 Lake Country Emergency c/o Rausch, Sturm, Israel & Hornik, SC 2448 S. 102nd Street, Suite 210 PO Box 270288 Milwaukee, WI 53227	C	2005 Collection account				105.00
Account No. 022700901M Marshfield Clinic c/o United Credit Service, Inc. P.O. Box 740 Elkhorn, WI 53121-0740	C	2006 Collection account				784.50
Sheet no. 14 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				5,458.16

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 37252550140955	C	2004 Collection account				650.00
Merchants Assooiated Collection						
Account No. 32664210140955	C	2004 Collection account				1,500.00
Merchants Association Collection						
Account No. 27100980140955	C	2003 Collection account				75.00
Merchants Association Collection						
Account No. 06052090650457	C	2005 Collection account				91.61
Military Citgo c/o TRS Recovery Services, Inc. PO Box 60012 City Of Industry, CA 91716-0012						
Account No. 38062143835500	C	2006 Collection account				48.37
Moonshiners Luquor Store c/o TRS Recovery Services, Inc. PO Box 60012 City Of Industry, CA 91716-0012						
Sheet no. 15 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	Subtotal (Total of this page)					2,364.98

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 9097372 NCO Financial Systems P.O. Box 13570 Philadelphia, PA 19101	C	2002 Collection account -medical				902.00
Account No. 90335564 NCO Financial Systems P.O. Box 13570 Philadelphia, PA 19101	C	2005 Collection account				513.00
Account No. 91190265 NCO Financial Systems P.O. Box 13570 Philadelphia, PA 19101	C	2005 Collection account				391.00
Account No. 90335565 NCO Financial Systems P.O. Box 13570 Philadelphia, PA 19101	C	2005 Collection account				242.00
Account No. 90710728 NCO Financial Systems P.O. Box 13570 Philadelphia, PA 19101	C	2005 Collection account				202.00
Sheet no. 16 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				2,250.00

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 90347634 NCO Financial Systems P.O. Box 13570 Philadelphia, PA 19101	C	2005 Collection account				133.00
Account No. 90710727 NCO Financial Systems P.O. Box 13570 Philadelphia, PA 19101		2005 Collection account				114.00
Account No. 9102668 NCO Financial Systems P.O. Box 13570 Philadelphia, PA 19101	C	2002 Collection account				100.00
Account No. 19384772 NCO-MedClear PO Pox 41448 Philadelphia, PA 19101		2003 Collection account				383.00
Account No. 19169102 NCO-MedClear PO Pox 41448 Philadelphia, PA 19101	C	2003 Collection account				232.00
Sheet no. 17 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				962.00

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 19384771 NCO-MedClear PO Pox 41448 Philadelphia, PA 19101	C	2003 Collection account				97.00
Account No. 15440822 NCO-MedClear PO Pox 41448 Philadelphia, PA 19101	C	2003 Collection account				73.00
Account No. 16756476 NCO-MedClear PO Pox 41448 Philadelphia, PA 19101	C	2003 Collection account				72.00
Account No. 16756475 NCO-MedClear PO Pox 41448 Philadelphia, PA 19101	C	2003 Collection account				57.00
Account No. 86 112024950 OAAC, S.C. c/o Collection Associates, Ltd. P.O. Box 25809 Milwaukee, WI 53225	C	2006 Collection account				1,176.33
Sheet no. 18 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				1,475.33

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 5854593 Oconomowoc Memorial Hospital c/o State Collection Service Inc. PO Box 6250 Madison, WI 53716-0250	C	2005 Collection account				69.00
Account No. 1172784 Omni Credit Services 333 Bishops Way Suite 100 Brookfield, WI 53005-6209		2002 Collection account				75.00
Account No. 2556667 OSI Collection Services P.O. Box 956 Brookfield, WI 53008	C	2002 Collection account				125.00
Account No. 579376 PR MGMT PRM P.O. Box 1108 Waukesha, WI 53187-1108		2004 Collection account -medical				1,396.00
Account No. 595505 PR MGMT PRM P.O. Box 1108 Waukesha, WI 53187-1108	C	2004 Collection account				69.00
Sheet no. 19 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				1,734.00

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1-01-10778161 Radiology Chartered c/o AMO Recoveries 6737 West Washington Street, Suite 3118 Milwaukee, WI 53214	C	2005 Collection account				90.00
Account No. 06062140635463 RJS Suervalue c/o TRS Recovery Services, Inc. PO Box 60012 City Of Industry, CA 91716-0012	C	2006 Collection account				58.88
Account No. 920-499-7633-747 SBC c/o CCA PO Box 806 Norwell, MA 02061-0806	C	2005 Collection account				80.21
Account No. GR2 067489591-406 Scholastic, Inc. c/o LTD Financial Services PO Box 630769 Houston, TX 77263-0769	C	2005 Collection account				170.28
Account No. 2037077 Sprint PCS c/o Attention CA/ West Asset	C	2003 Collection account				822.00
Sheet no. 20 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				1,221.37

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4045907 Sprint PCS c/o Cavalry Portfolio Service	C	2004 Collection account				822.00
Account No. 980176 St. Joseph's Hospital c/o Kostka & Associates, LLC PO Box 1366 Wausau, WI 54402	C	2005 Collection account				736.00
Account No. 829240 995215-100 St. Vincent's Hospital c/o Consumer Collection Management, Inc. PO Box 1839 Maryland Heights, MO 63043-6839	C	2003 Collection account				4,891.85
Account No. 5856555 State Collection Service Inc. P.O. Box 6250 Madison, WI 53716-0250	C	2005 Collection account				1,128.00
Account No. 2657244 State Collection Service Inc. P.O. Box 6250 Madison, WI 53716-0250	C	2002 Collection account				441.00
Sheet no. 21 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				8,018.85

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 2674250 State Collection Service Inc. P.O. Box 6250 Madison, WI 53716-0250	C	2002 Collection account				283.00
Account No. 4898226 State Collection Service Inc. P.O. Box 6250 Madison, WI 53716-0250	C	2005 Collection account				2.00
Account No. 5854595 State Collection Services P.O. Box 6250 Madison, WI 53716-0250	C	2005 Collection account-medical				11,196.00
Account No. 17588836 Target Asset Acceptance Corp PO Box 2036 Warren, MI 48090-2036	C	2004 Collection account				1,085.00
Account No. 914581750490 Target Retailers National Bank P.O. Box 59317 Minneapolis, MN 55459-0317	C	1999 Miscellaneous Purchases				979.00
Sheet no. 22 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				13,545.00

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 920-499-7633 TDS Metrocom P.O. Box 1010 Monroe, WI 53566-8110	C	2006 Phone bill				57.51
Account No. 0605290650457 Telecheck Services, Inc. c/o Friedman & Wexler, LLC 500 West Madison Street, Suite 2910 Chicago, IL 60661-2587	C	2006 Collection account				91.61
Account No. 44827703 Time Warner Cable c/o Falls Collection Service P.O. Box 668 Germantown, WI 53022	C	2005 Collection account				123.00
Account No. 01 SC 261 Town of Friendship c/o Town Clerk Linda Schmitz N8240 Cottage Drive Fond Du Lac, WI 54937	C	2001 Money Judgment				375.14
Account No. 2005040100276 United Credit Service, Inc 15 North Lincoln Street PO Box 740 Elkhorn, WI 53121	C	2005 collection account-medical				784.00
Sheet no. 23 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				1,431.26

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 2002031800182 United Credit Service, Inc 15 North Lincoln Street Po Box 740 Elkhorn, WI 53121	C	2002 collection account				232.00
Account No. 580076 Urological Surgeons LTD c/o Certified Recovery, Inc. PO Box 808 Eau Claire, WI 54702		2006 Collection account				259.50
Account No. 201355344 US Cellular c/o Accounts Recovery 3031 North 114th Street Milwaukee, WI 53222	C	2006 Collection account				675.41
Account No. 5082642 US Cellular c/o ERS Solutions, Inc. 500 SW Seventh Street, #A100 Renton, WA 98057		2006 Collection account				649.00
Account No. 49810646498106467 WFNNB / EXPRESS World Financial National Network Bank P.O. Box 330066 North Glenn, CO 80233-6066	C	1999 Miscellaneous Purchases				287.00
Sheet no. 24 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				2,102.91

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 10517670 Wilkinson Medical Clinic PC c/o Account Recovery Service, Inc. 3031 North 114th Street Milwaukee, WI 53222	C	2005 Collection account				2,261.70
Account No. 42827792513747450 Wisconsin Electirc c/o Franks Adjustment Bureau 521 High Street Racine, WI 53402		2002 Collection account				350.00
Account No. 0407865774-00002 Wisconsin Public Service P.O. Box 19003 Green Bay, WI 54307-9003	C	2006 Utility Bill				484.13
Account No. 10123 Women's Health Care OB-GYN SC 1537 Park Place Suite 200 Green Bay, WI 54304-1974		2005 Medical bill				141.99
Account No. 10123B Women's Health Care OB-GYN, SC c/o Finance Systems of Green Bay, Inc. 301 N. Jackson Street, PO Box 1597 Green Bay, WI 54305	C	2005 Collection account				751.02
Sheet no. 25 of 25 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				3,988.84
		Total (Report on Summary of Schedules)				158,273.98

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

0 continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re **David A. Vander Leest,
Rachel J. Vander Leest**

Case No. _____

Debtors

SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
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In re **David A. Vander Leest**
Rachel J. Vander Leest

Debtor(s)

Case No.

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: Separated	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Son	AGE(S): 3
Employment:	DEBTOR	SPOUSE
Occupation	real estate/mortgage broker	store manager
Name of Employer	self-employed	Regis
How long employed	2 years	2 months
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ 1,106.00	\$ 1,680.00
2. Estimate monthly overtime	\$ 0.00	\$ 0.00
3. SUBTOTAL	\$ 1,106.00	\$ 1,680.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 0.00	\$ 252.00
b. Insurance	\$ 0.00	\$ 0.00
c. Union dues	\$ 0.00	\$ 0.00
d. Other (Specify):	\$ 0.00	\$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 0.00	\$ 252.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 1,106.00	\$ 1,428.00
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ 0.00	\$ 0.00
8. Income from real property	\$ 0.00	\$ 0.00
9. Interest and dividends	\$ 0.00	\$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ 0.00	\$ 0.00
11. Social security or government assistance (Specify):	\$ 0.00	\$ 0.00
12. Pension or retirement income	\$ 0.00	\$ 0.00
13. Other monthly income (Specify):	\$ 0.00	\$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 0.00	\$ 0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 1,106.00	\$ 1,428.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 2,534.00	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Debtors are in the process of a divorce. Mr. Vander Leest is a self-employed real estate/mortgage broker. He anticipates that some of the listing contracts he currently has will eventually close. Mrs. Vander Leest just started her job. She anticipates insurance deductions will begin after 90 days.

In re **David A. Vander Leest**
Rachel J. Vander Leest

Debtor(s)

Case No.

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	700.00
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities: a. Electricity and heating fuel	\$	300.00
b. Water and sewer	\$	0.00
c. Telephone	\$	70.00
d. Other	\$	0.00
3. Home maintenance (repairs and upkeep)	\$	0.00
4. Food	\$	300.00
5. Clothing	\$	150.00
6. Laundry and dry cleaning	\$	30.00
7. Medical and dental expenses	\$	100.00
8. Transportation (not including car payments)	\$	551.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	100.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	110.00
e. Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	0.00
b. Other	\$	0.00
c. Other	\$	0.00
d. Other	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other See Detailed Expense Attachment	\$	558.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **2,969.00**

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

N/A

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	2,534.00
b. Average monthly expenses from Line 18 above	\$	2,969.00
c. Monthly net income (a. minus b.)	\$	-435.00

In re **David A. Vander Leest**
Rachel J. Vander Leest

Case No. _____

Debtor(s)

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Detailed Expense Attachment

Other Expenditures:

personal grooming	\$	60.00
cigarettes	\$	150.00
pet care	\$	15.00
day care	\$	260.00
diapers/wipes	\$	73.00
Total Other Expenditures	\$	558.00

**United States Bankruptcy Court
Eastern District of Wisconsin**

In re **David A. Vander Leest
Rachel J. Vander Leest**

Debtor(s)

Case No. _____
Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 42 sheets *[total shown on summary page plus 2]*, and that they are true and correct to the best of my knowledge, information, and belief.

Date **October 10, 2006**

Signature **/s/ David A. Vander Leest**
David A. Vander Leest
Debtor

Date **October 10, 2006**

Signature **/s/ Rachel J. Vander Leest**
Rachel J. Vander Leest
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Eastern District of Wisconsin

In re **David A. Vander Leest**
Rachel J. Vander Leest

Debtor(s)

Case No.
Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$10,700.00	YTD: Employment
\$25,644.00	2005: Business income and wages
\$30,987.00	2004: Employment

2. Income other than from employment or operation of business

None

- ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None

- ☒ *Complete a. or b., as appropriate, and c.*

- a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITORDATES OF
PAYMENTS

AMOUNT PAID

AMOUNT STILL
OWING

None

- b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,000. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERSAMOUNT
PAID OR
VALUE OF
TRANSFERSAMOUNT STILL
OWING

None

- c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL
OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

- ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY
AND LOCATION
Brown County Circuit CourtSTATUS OR
DISPOSITION
judgment**Franklin Financial v. Vander
Leest****foreclosure****In RE the marriage of David
A VanderLeest and Rachel J
VanderLeest
Case No. 06 FA 1023****Divorce****Brown County Circuit Court****Pending****Rachel Vander Leest vs.
David Vander Leest
Case No. 06 CV 1882****Civil****Waukesha County Circuit
Court****closed****David VanderLeest vs.
Rachel VanderLeest
Case No. 06 CV 1519****Civil****Brown County Circuit Court****Closed**

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Associated Bank NA vs. Vander Leest Enterprises Inc. Case No. 06 CV 1517	Money Judgment	Brown County Circuit Court	Pending
Deutsche Bank National Trust Company vs. David A VanderLeest Case No. 06 CV 1182	Foreclosure of mortgage	Brown County Circuit Court	Closed
State of Wisconsin vs. David A Vanderleest Case No. 06 CM 1588	Criminal	Brown County Circuit Court	Pending
David A Vanderleest vs. Rachel J Vanderleest Case No. 05 FA 1092	Divorce	Brown County Circuit Court	Closed-Dismissed
Rachel VanderLeest vs. David VanderLeest Case No. 05 CV 1904	Civil	Brown County Circuit Court	Closed
Town of Friendship vs. David Vanderleest Case No. 01 SC 261	Money Judgment	Fond du Lac County Circuit Court	Judgment entered

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	--------------------------------------

6. Assignments and receiverships

None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
--------------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Dewane Law Offices, LLP P.O. Box 1507 Manitowoc, WI 54221-1507	06/06	\$1,100.00

10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Card and Coin Corner	06/05	sold silver coins for \$500.00

unrelated

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Vander Leest Mortgage		299 North Broadway, Suite b Green Bay, WI 54303	mortgage brokerage	03/05-present
Vander Leest Enterprises		200 N. Broadway Green Bay, WI 54303	real estate brokerage	10/04-present

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

Debtors

DATES SERVICES RENDERED

3/05-present for Vander Leest Mortgage**10/04-present for Vander Leest Enterprises**

None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

Debtors

n/a

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS

21 . Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
David Vander Leest	Presidet	100% of Vander Leest Enterprises

22 . Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

23 . Withdrawals from a partnership or distributions by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	--------------------------------	--

24. Tax Consolidation Group.

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds.

None ☒ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date <u>October 10, 2006</u>	Signature <u>/s/ David A. Vander Leest</u> David A. Vander Leest Debtor
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Date <u>October 10, 2006</u>	Signature <u>/s/ Rachel J. Vander Leest</u> Rachel J. Vander Leest Joint Debtor
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Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**United States Bankruptcy Court
Eastern District of Wisconsin**

In re **David A. Vander Leest
Rachel J. Vander Leest**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>1,100.00</u>
Prior to the filing of this statement I have received.....	\$	<u>1,100.00</u>
Balance Due.....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: October 10, 2006

/s/ Timothy P. Dewane

**Timothy P. Dewane
Dewane Law Offices, LLP
927 South 8th Street
PO Box 1507
Manitowoc, WI 54221-1507
(920) 682-7732 Fax: (920) 682-3384
info@dewanelaw.com**

**United States Bankruptcy Court
Eastern District of Wisconsin**

In re David A. Vander Leest
Rachel J. Vander Leest

Debtor(s)

Case No. _____
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☒ I intend to do the following with respect to property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
1996 Cadillac Sedan de Ville - blown head gasket - FMV = \$3,000.00	American General Finance	X			
1998 Ford F250 - 2wd, short cab, long bed - FMV = \$5,500.00					

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
-NONE-		

Date October 10, 2006

Signature /s/ David A. Vander Leest
David A. Vander Leest
Debtor

Date October 10, 2006

Signature /s/ Rachel J. Vander Leest
Rachel J. Vander Leest
Joint Debtor

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF WISCONSIN

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Timothy P. Dewane Printed Name of Attorney Address: 927 South 8th Street PO Box 1507 Manitowoc, WI 54221-1507 (920) 682-7732	X <u>/s/ Timothy P. Dewane</u> Signature of Attorney	<u>October 10, 2006</u> Date
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Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

David A. Vander Leest Rachel J. Vander Leest Printed Name of Debtor Case No. (if known) _____	X <u>/s/ David A. Vander Leest</u> Signature of Debtor X <u>/s/ Rachel J. Vander Leest</u> Signature of Joint Debtor (if any)	<u>October 10, 2006</u> Date <u>October 10, 2006</u> Date
--	--	--

Account Recovery Service
3031 N. 114th St.
Milwaukee, WI 53222-4208

American Family Insurance
c/o Credit Collection Services
Two Wells Avenue, Dept. AMFAM
Newton, MA 02459

American General Finance
1780 West Mason Street
Green Bay, WI 54303-2331

Americollect, Inc.
814 South 8th Street
P.O. Box 1566
Manitowoc, WI 54221-1566

Arrow Financial Services
5996 West Touhy Avenue
Niles, IL 60714-4610

Associated Bank
c/o Jeffrey S. Scuster
633 W. Wisconsin Ave., #1800
Milwaukee, WI 53203-1918

Associated Bank-Forced Closed Accounts
PO Box 19097
Green Bay, WI 54307-9757

Attention LLC
PO Box 2348
Sherman, TX 75091-2348

Aurora Baycare Medical Center
P.O. Box 8920
Green Bay, WI 54308-8920

Aurora Healthcare 88
c/o NCO Financial Systems, Inc.
PO Box 13570
Philadelphia, PA 19101-3570

Aurora Medical Group
PO Box 341457
Milwaukee, WI 53234-1457

Baby's First Book Club
c/o Eastern Collection Corporation
1626 Locust Avenue
Bohemia, NY 11716-2160

Baycare Radiology
c/o Certified Recovery, Inc.
PO Box 808
Eau Claire, WI 54702

Baywest OBGYN
c/o Account Recovery Service
3031 North 114th Street
Milwaukee, WI 53222

Beginning Readers Program
c/o North Shore Agency, Inc.
PO Box 6014
Jefferson City, MO 65102-6014

Bellin Health
c/o Finance Systems of Green Bay
P.O. Box 1597
Green Bay, WI 54305

Bellin Health
P.O. Box 23400
Green Bay, WI 54305

Bellin Hospital
c/o Capital Credit Service
PO Box 6545
Madison, WI 53716-0545

Bellin Medical Group
c/o Finance System of Green Bay
P.O. Box 1597
Green Bay, WI 54305

Bellin Provider Billing
P.O. Box 22487
Green Bay, WI 54305-2487

Birds & Blooms
PO Box 992
Greendale, WI 53129-0992

Brown County Treasurer
100 South Jefferson Street
Green Bay, WI 54305-3600

Capital One Bank
PO Box 70884
Charlotte, NC 28272-0884

CBS National Collection

Certified Recovery
P.O. Box 815
Eau Claire, WI 54702

Chase Manhattan Bank
c/o First Financial Asset Management Inc
PO Box 6887
Miramar Beach, FL 32550

Chase Manhattan Bank
c/o Midland Credit Management
4302 E. Broadway
Phoenix, AZ 85040

City of De Pere
c/o Transworld Systems Inc.
2675 North Mayfair Road #504
Milwaukee, WI 53226

City of De Pere
Attn Diane
335 South Broadway
De Pere, WI 54115

City of De Pere Ambulance Svc.
400 Lewis Street
De Pere, WI 54115

Clifford J. Opatken, M.D, S.C.
7665 Paysphere Circle
Chicago, IL 60674

Collect Asso.

Collections Unlimited, Inc.
P.O. Box 588
Waukesha, WI 53187-0588

Collections Unlimited, Inc.
P.O. Box 947
Waukesha, WI 53187

Colonial Credit Corp/Discover Bank
c/o Wolpoff & Abramson, LLP
Two Irvington Centre
702 King Farm Blvd.
Rockville, MD 20850-5775

Colonial Credit Corporation
c/o Rausch, Sturm, Israel & Hornik, SC
2448 S. 102nd Street, Suite 210
PO Box 270288
Milwaukee, WI 53227

Consumer Collection Management
P.O. Box 1839
Maryland Heights, MO 63043

CT Imaging, LLC
c/o AMO Recoveries
6737 W. Washington St. Suite 3118
Milwaukee, WI 53214

CT Imaging, LLC
P.O. Box 33164
Green Bay, WI 54303

Deckner Medical Center
c/o Account Recovery Service
3031 North 114th Street
Milwaukee, WI 53222

eBay, Inc.
c/o I.C. Systems, Inc.
725 John Nolen Drive
Madison, WI 53713

eBay, Inc.
PO Box 2179
Carol Stream, IL 60132-2179

Express Convenience Centers 28
c/o TRS Recovery Services, Inc.
PO Box 60012
City Of Industry, CA 91716-0012

Finance System of Green Bay, Inc.
301 N. Jackson St.
P.O. Box 1597
Green Bay, WI 54305

First Franklin
150 Allegheny Center Mall IDC 24-050
Pittsburgh, PA 15212-5356

Fleet Credit Card Services
P.O. Box 17192
Wilmington, DE 19850-7192

Fox River Health Center SC
c/o Americollect, Inc.
PO Box 1566
Manitowoc, WI 54221-1566

Green Bay Emergency Physicians
c/o State Collection Service Inc.
PO Box 6250
Madison, WI 53716-0250

Green Bay Emergency Physicians
1251 West Glen Oaks Lane
Mequon, WI 53092-3378

Green Bay Radiology, SC
GBR Sheboygan, LLC
2941 S. Ridge Road
Green Bay, WI 54304-5517

Gulf Coast Collection

Household
c/o Midland Credit Management
5775 Roscoe Court
San Diego, CA 92123-1356

Jon Barry

K-Mart
c/o Audit Systems Inc.
PO Box 17229
Clearwater, FL 33762

Lake Country Emergency
c/o Rausch, Sturm, Israel & Hornik, SC
2448 S. 102nd Street, Suite 210
PO Box 270288
Milwaukee, WI 53227

Marshfield Clinic
c/o United Credit Service, Inc.
P.O. Box 740
Elkhorn, WI 53121-0740

Merchants Asscoiated Collection

Merchants Association Collection

Military Citgo
c/o TRS Recovery Services, Inc.
PO Box 60012
City Of Industry, CA 91716-0012

Moonshiners Luquor Store
c/o TRS Recovery Services, Inc.
PO Box 60012
City Of Industry, CA 91716-0012

NCO Financial Systems
P.O. Box 13570
Philadelphia, PA 19101

NCO-MedClear
PO Pox 41448
Philadelphia, PA 19101

OAAC, S.C.
c/o Collection Associates, Ltd.
P.O. Box 25809
Milwaukee, WI 53225

Oconomowoc Memorial Hospital
c/o State Collection Service Inc.
PO Box 6250
Madison, WI 53716-0250

Omni Credit Services
333 Bishops Way
Suite 100
Brookfield, WI 53005-6209

OSI Collection Services
P.O. Box 956
Brookfield, WI 53008

PR MGMT
PRM
P.O. Box 1108
Waukesha, WI 53187-1108

Radiology Chartered
c/o AMO Recoveries
6737 West Washington Street, Suite 3118
Milwaukee, WI 53214

Radiology Chartered
P.O. Box 3006
Green Bay, WI 54303

RJS Suervalue
c/o TRS Recovery Services, Inc.
PO Box 60012
City Of Industry, CA 91716-0012

SBC
c/o CCA
PO Box 806
Norwell, MA 02061-0806

SBC/AT&T
Bill Payment Center
Saginaw, MI 48663-0003

Scholastic
PO Box 6014
Jefferson City, MO 65102-6014

Scholastic
The Beginning Readers' Program
PO Box 6014
Jefferson City, MO 65102-6014

Scholastic, Inc.
c/o LTD Financial Services
PO Box 630769
Houston, TX 77263-0769

Sprint PCS
c/o Attention CA/ West Asset

Sprint PCS
c/o Cavalry Portfolio Service

Sprint PCS
P.O. Box 219718
Kansas City, MO 64121-9718

St. Joseph's Hospital
c/o Kostka & Associates, LLC
PO Box 1366
Wausau, WI 54402

St. Vincent's Hospital
c/o Consumer Collection Management, Inc.
PO Box 1839
Maryland Heights, MO 63043-6839

St. Vincent's Hospital
P.O. Box 13508
Green Bay, WI 54307-3508

State Collection Service Inc.
P.O. Box 6250
Madison, WI 53716-0250

State Collection Services
P.O. Box 6250
Madison, WI 53716-0250

Target
Asset Acceptance Corp
PO Box 2036
Warren, MI 48090-2036

Target
Retailers National Bank
P.O. Box 59317
Minneapolis, MN 55459-0317

TDS Metrocom
P.O. Box 1010
Monroe, WI 53566-8110

Telecheck Services, Inc.
c/o Friedman & Wexler, LLC
500 West Madison Street, Suite 2910
Chicago, IL 60661-2587

Time Warner Cable
c/o Falls Collection Service
P.O. Box 668
Germantown, WI 53022

Time Warner Cable
2580 West Mason
Green Bay, WI 54303

Town of Friendship
c/o Town Clerk Linda Schmitz
N8240 Cottage Drive
Fond Du Lac, WI 54937

United Credit Service, Inc
15 North Lincoln Street
PO Box 740
Elkhorn, WI 53121

Urological Surgeons LTD
c/o Certified Recovery, Inc.
PO Box 808
Eau Claire, WI 54702

US Cellular
c/o Accounts Recovery
3031 North 114th Street
Milwaukee, WI 53222

US Cellular
c/o ERS Solutions, Inc.
500 SW Seventh Street, #A100
Renton, WA 98057

WFNNB / EXPRESS
World Financial National Network Bank
P.O. Box 330066
North Glenn, CO 80233-6066

Wilkinson Medical Clinic PC
c/o Account Recovery Service, Inc.
3031 North 114th Street
Milwaukee, WI 53222

Wisconsin Electirc
c/o Franks Adjustment Bureau
521 High Street
Racine, WI 53402

Wisconsin Public Service
P.O. Box 19003
Green Bay, WI 54307-9003

Women's Health Care OB-GYN SC
1537 Park Place Suite 200
Green Bay, WI 54304-1974

Women's Health Care OB-GYN, SC
c/o Finance Systems of Green Bay, Inc.
301 N. Jackson Street, PO Box 1597
Green Bay, WI 54305

David A. Vander LeestIn re **Rachel J. Vander Leest**

Debtor(s)

Case Number: _____

(If known)

According to the calculations required by this statement:

☐ The presumption arises.☒ The presumption does not arise.

(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

Part I. EXCLUSION FOR DISABLED VETERANS

1	<p>If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
---	--

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	<p>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11.</p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p> <p>d. <input checked="" type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p>																		
	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>	Column A Debtor's Income	Column B Spouse's Income																
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$ 1,106.83	\$ 296.61																
4	<p>Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">Debtor</th> <th style="width: 10%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="2" style="text-align: right;">Subtract Line b from Line a</td> </tr> </tbody> </table>			Debtor	Spouse	a.	Gross receipts	\$ 0.00	\$ 0.00	b.	Ordinary and necessary business expenses	\$ 0.00	\$ 0.00	c.	Business income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
		Debtor	Spouse																
a.	Gross receipts	\$ 0.00	\$ 0.00																
b.	Ordinary and necessary business expenses	\$ 0.00	\$ 0.00																
c.	Business income	Subtract Line b from Line a																	
5	<p>Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">Debtor</th> <th style="width: 10%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td colspan="2" style="text-align: right;">Subtract Line b from Line a</td> </tr> </tbody> </table>			Debtor	Spouse	a.	Gross receipts	\$ 0.00	\$ 0.00	b.	Ordinary and necessary operating expenses	\$ 0.00	\$ 0.00	c.	Rent and other real property income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
		Debtor	Spouse																
a.	Gross receipts	\$ 0.00	\$ 0.00																
b.	Ordinary and necessary operating expenses	\$ 0.00	\$ 0.00																
c.	Rent and other real property income	Subtract Line b from Line a																	
6	Interest, dividends, and royalties.	\$ 0.00	\$ 0.00																
7	Pension and retirement income.	\$ 0.00	\$ 0.00																
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child or spousal support. Do not include amounts paid by the debtor's spouse if Column B is completed.	\$ 0.00	\$ 0.00																

9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00	
				\$ 0.00
10	Income from all other sources. If necessary, list additional sources on a separate page. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount.			
		Debtor	Spouse	
	a.	\$	\$	
	b.	\$	\$	
	Total and enter on Line 10			\$ 0.00
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).			\$ 1,106.83
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.			\$ 1,403.44

Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 16,841.28
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	
	a. Enter debtor's state of residence: WI b. Enter debtor's household size: 3	\$ 61,286.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	
	<input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.	\$
17	Marital adjustment. If you checked the box at Line 2.c, enter the amount of the income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. If you did not check box at Line 2.c, enter zero.	\$
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$

Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$

20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	\$									
22	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter the amount from IRS Transportation Standards, Operating Costs & Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs, First Car</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, First Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs, First Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs, Second Car</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$									
26	<p>Other Necessary Expenses: mandatory payroll deductions. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as non-mandatory 401(k) contributions.</p>	\$									
27	<p>Other Necessary Expenses: life insurance. Enter average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$									

28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 44.		\$												
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		\$												
30	Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.		\$												
31	Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance or health savings accounts listed in Line 34.		\$												
32	Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you actually pay for telecommunication services other than your basic home telephone service - such as cell phones, pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.		\$												
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.		\$												
Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32															
34	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. <table border="1" style="width: 100%;"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> <tr> <td colspan="2">Total: Add Lines a, b and c</td> <td></td> </tr> </table>		a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	Total: Add Lines a, b and c			\$
a.	Health Insurance	\$													
b.	Disability Insurance	\$													
c.	Health Savings Account	\$													
Total: Add Lines a, b and c															
35	Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		\$												
36	Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$												
37	Home energy costs. Enter the average monthly amount, in excess of the allowance in the IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.		\$												
38	Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.		\$												
39	Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.		\$												
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).		\$												
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40		\$												

Subpart C: Deductions for Debt Payment

42	<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. Mortgage debts should include payments of taxes and insurance required by the mortgage. If necessary, list additional entries on a separate page.</p> <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>60-month Average Payment</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3"></td> <td>Total: Add Lines</td> </tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	60-month Average Payment	a.			\$								Total: Add Lines	\$
	Name of Creditor	Property Securing the Debt	60-month Average Payment																	
a.			\$																	
			Total: Add Lines																	
43	<p>Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3"></td> <td>Total: Add Lines</td> </tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$								Total: Add Lines	\$
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																	
a.			\$																	
			Total: Add Lines																	
44	<p>Payments on priority claims. Enter the total amount of all priority claims (including priority child support and alimony claims), divided by 60.</p>			\$																
45	<p>Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1"> <tbody> <tr> <td>a.</td> <td>Projected average monthly Chapter 13 plan payment.</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td>x</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </tbody> </table>			a.	Projected average monthly Chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$							
a.	Projected average monthly Chapter 13 plan payment.	\$																		
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x																		
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b																		
46	<p>Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.</p>			\$																
Subpart D: Total Deductions Allowed under § 707(b)(2)																				
47	<p>Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.</p>			\$																

Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$

52	<p>Initial presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than \$6,000. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount set forth on Line 51 is more than \$10,000. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount on Line 51 is at least \$6,000, but not more than \$10,000. Complete the remainder of Part VI (Lines 53 through 55).</p>		
53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Enter the amount of your total non-priority unsecured debt</td> <td style="width: 20%; text-align: center;">\$</td> </tr> </table>	Enter the amount of your total non-priority unsecured debt	\$
Enter the amount of your total non-priority unsecured debt	\$		
54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.</td> <td style="width: 20%; text-align: center;">\$</td> </tr> </table>	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$		
55	<p>Secondary presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>		

Part VII. ADDITIONAL EXPENSE CLAIMS

56	<p>Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p>	
	Expense Description	Monthly Amount
	a.	\$
	b.	\$
	c.	\$
	d.	\$
	Total: Add Lines a, b, c, and d	\$

Part VIII. VERIFICATION

57	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i></p>	
	<p>Date: <u>October 10, 2006</u></p>	<p>Signature: <u>/s/ David A. Vander Leest</u> David A. Vander Leest (Debtor)</p>
	<p>Date: <u>October 10, 2006</u></p>	<p>Signature: <u>/s/ Rachel J. Vander Leest</u> Rachel J. Vander Leest (Joint Debtor, if any)</p>

Current Monthly Income Details for the Debtor**Debtor Income Details:**Income for the Period **04/01/2006** to **09/30/2006**.**Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Self employment**

Income by Month:

6 Months Ago:	<u>04/2006</u>	<u>\$460.00</u>
5 Months Ago:	<u>05/2006</u>	<u>\$1,290.00</u>
4 Months Ago:	<u>06/2006</u>	<u>\$1,780.00</u>
3 Months Ago:	<u>07/2006</u>	<u>\$619.00</u>
2 Months Ago:	<u>08/2006</u>	<u>\$972.00</u>
Last Month:	<u>09/2006</u>	<u>\$1,520.00</u>
Average per month:		<u>\$1,106.83</u>

Current Monthly Income Details for the Debtor's Spouse**Spouse Income Details:**Income for the Period **04/01/2006** to **09/30/2006**.**Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Regis**

Income by Month:

6 Months Ago:	<u>04/2006</u>	<u>\$0.00</u>
5 Months Ago:	<u>05/2006</u>	<u>\$0.00</u>
4 Months Ago:	<u>06/2006</u>	<u>\$0.00</u>
3 Months Ago:	<u>07/2006</u>	<u>\$0.00</u>
2 Months Ago:	<u>08/2006</u>	<u>\$925.01</u>
Last Month:	<u>09/2006</u>	<u>\$854.65</u>
Average per month:		<u>\$296.61</u>